Meeting Title	NHS Nottingham North and East CCG Governing Body	Date: 19 September 2017	
Paper Title	Quality and Risk Committee Highlight Report from the open session of the meeting held on 10 August 2017	Agenda Item: NNE/GB/136	
Lead Director Report Author	Nichola Bramhall, Director of Nursing and Quality		
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Purpose (tick one only)	Approval	☐	Acknowledge/ Note	☒	Review	☐	For Information	☐

Executive Summary	The minutes from the meeting held on 10 August 2017 are not yet ratified and so will follow. Key highlights from the meeting are shown below:

Assure

- **Quality Impact Assessments (QIAs)**: a log containing details of completed QIAs was received. None completed in the previous reporting period met the threshold for Stage 2 review. New arrangements for assessing both quality and equality impact of Quality, Innovation, Productivity and Prevention (QIPP) schemes was discussed and is described below (see Advise section below).
- **Quarter 4 2016/17 Quality Report**: reviewed in detail- issues for escalation to Governing Body agreed (see Alert section below).
- **Clinical Risk Register:** was reviewed. It was agreed that the risks relating to quality at Sherwood Forest Hospital and Primary Care Quality Assurance should be reduced. The recently added risk relating to QIA/EIA process timeliness now requires amendment given the revised process and the risk to Circle endoscopy service due to issues with washers may no longer be relevant. This will be reviewed and recommendations made for the next meeting. All other risk scores remained the same. No new risks were identified during the meeting.
- **Annual Reports for 2016/17 were reviewed providing assurance in relation to the following:**
  - ➢ Infection Prevention and Control
  - ➢ Looked After Children
- Minutes and highlight reports were received providing assurance in relation to the following:
  - ➢ Care Homes sub-group
  - ➢ Health and Safety sub-group
  - ➢ Equality and Diversity Forum
  - ➢ Primary Care Quality Groups
- **Security Management Standards:** the work plan and quarter 1 report for 2017/18 were received.
- **Safeguarding Committee and Local Safeguarding Boards:** highlight reports were received providing assurance in relation to the effectiveness of these committees in ensuring CCG statutory safeguarding duties are met.

Advise

- **CCG Service Development Updates:** details of both cross CCG and individual schemes were provided. It was noted that most schemes are now

cross CCG and relate to the financial recovery plan.

- **Provider Dashboard and Quality Scrutiny Panel Meetings:** reviewed in detail. The following current quality issues were identified:
  - ➢ **Nottingham University Hospitals (NUH):** ED performance remains below target but quality indicators remain satisfactory. Cancer below target for 62 day wait- harm review process being embedded- noted outcomes and learning now reported in the quality report. Work continues with NUH and Dr Foster to undertake deep dives into mortality rates. Progress against the maternity governance action plan and changes to Serious Incident reporting were discussed. Further to a question raised at the last meeting a report identifying how NUH *CDiff* rates compare to other similar Trusts was presented identifying that they are in 'the middle of the pack'.
  - ➢ **Health Partnerships:** still some challenges with workforce metrics but these are improving. Quality Outcome Frameworks continue to be reviewed at locality/ specialty meetings – these have been achieved**.**
  - ➢ **Circle:** have reported a small number of cancer breaches and are undertaking harm reviews. In response to a spike in deaths noted at the last meeting a paper showing analysis of this was presented – this identified that this included a number of expected/ natural cause deaths and therefore did not indicate an increase in sudden/ unexpected deaths.
  - ➢ **East Midlands Ambulance Service:** CQC report published in February and whilst remains 'Requires Improvement' overall the safety domain has improved from the previous inadequate, the warning notice has been lifted and significant improvement was noted by the CQC at the recent Quality Summit. The new response times in the National Ambulance Response Programme were introduced in July. The need to ensure quality monitoring during transition was discussed.
  - ➢ **Sherwood Forest Hospitals:** improvements noted across a number of quality indicators.
- **New Equality Quality Impact Process (EQIA):** a paper was presented that outlines the new process which comprises a screening tool, full assessment if indicated and panel to review and make recommendations to the Financial Recovery Group.
- **Approval-** the following were approved by the committee:
  - ➢ **First Aid at Work Policy**
  - ➢ **Violence, Aggression and Harassment Policy**
  - ➢ **Lone Working Policy**
  - ➢ **Health and Safety sub-group terms of reference**
  - ➢ **Care Homes sub-group terms of reference**

Alert

- **Quality Report:** the following were identified by the committee for escalation/ information to the Governing Body:
- ➢ **New format and content of report:** aligned to 2017/18 CCG Improvement and Assessment Framework and Quality Premium with new sections on *E Coli*, anti-microbial resistance, safeguarding, harm reviews and Local Maternity Systems transformation.
- ➢ **Healthcare Acquired Infections**: NUH are not achieving MRSA target, all three South CCGs are not achieving the *Clostridium difficile* target and Rushcliffe CCG is currently not achieving new *E Coli* target, actions taken to improve discussed by the committee.
- ➢ **New *E Coli* quality premium target:** issues with complying as a result of information governance issues, lack of CCG access to system to upload data and future capacity concerns.

	➤ **Non-achievement of CHC targets**: for communicating eligibility decision in continuing healthcare within 28 days and <15% of assessments being carried out in hospital settings along with action being taken to improve. ➤ **NUH maternity governance**: action plan progress.
	Ratified minutes from the meeting held on 11 May 2017 are also provided for information (a contemporaneous highlight was previously provided).

If paper is for approval, have the following impact assessments been completed?								
Quality Impact Assessment	Yes No N/A	☐ ☐ ☒	Equality Impact Assessment	Yes No N/A	☐ ☐ ☒	Privacy Impact Assessment	Yes No N/A	☐ ☐ ☒

Conflicts of Interest - Recommended action to be agreed by the Chair at the beginning of the item.

☒ No conflict identified
☐ Conflict noted, conflicted party can participate in discussion but not decision
☐ Conflict noted, conflicted party can remain but not participate
☐ Conflicted party is excluded from discussion

Implications: *(please tick where relevant)*

Integration	☐	Patient Choice	☐
Reducing inequality	☐	Patient & Public Involvement	☐
Constitution	☒	Quality of Services	☒
Governance	☒	QIPP	☐
Innovation	☐	Research	☐
Learning and Development	☐	Sustainability	☐

Finance checked by:	**N/A)**

Appendices	
Report History	The Quality and Risk Committee Highlight Report is a quarterly standing item.
Patient and Public Involvement	
Recommendation	The Quality and Risk Committee is asked to: ACKNOWLEDGE the content of the report, in particular the issues identified in the alert section.